PTOSSB08 (08-03)
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U.S. Pallent and Trademank Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a diffection of information unless it displays a vasid CNUB control number. DIATERIT APPLICATION FEE DETERMINATION RECORD. Application of Docket Number										
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								0/203	- 171	
CLAIMS AS FILED - PART I (Column 2)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR MUMBER FILED		MUMBER EXTRA			RATE	ÆE		RATE	FEE	l
BASIC FEE (37 CFR 1.18(4))						<u> </u>	OR		27000	ł
YOTAL CLAPAS (37 CFR 1.16(d))	20 minus 20				× •		OR.	x 5		ł
(37 CFR 1.16(b)) 3 minus 3 # 1					x 8		OR	X 5		ĺ
MAJETIPLE DEPENDENT CLASS PRESENT (37 CFR 1,16(4))					+8=		OR	+1=		l
" If the difference in column 1 is less than zero, enter "V" in column 2.					TOTAL		OR	TOTAL	17000	ĺ
CLAIMS					PD	l				
3/8/05 100	ມຕາກ 1)	(Column 2)	(Cotumn 3)		EMALL)	MTITY	OR		R THAN ENTITY	
<	ARMS IARNONG FTER NOMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONOSI FEE		RATE	ADDI- TICHAL FEE	
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Total AME Total Co Cra Liston Total Cr Cra Liston Total Cr Cra Liston Total Cr Cra Liston	3 Winus	" 3	* -		X 5 #		OR			
FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (ST OFR 1.16(ct))					+5=		QR	+5	7	
11.100					ADD'L FEE	,	OR	TOTAL ADD'L FEE		L
	ann 1)	(Catures 2)	(Cotumn 3)	1 1			1			1
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Year .	Stinus	20	÷	l	×20.		DR.	<u>50</u> .		
Total	4 Minus	. 3	*		x s (00)		OR	x Star	200	
FIRST PRESENTATION OF MULTIPLE DEPONDENT CLANS (37 CFR 1.460)					+*(80-		AO	.30		
					ADO'L FEE		OR.	ADD1 FEE		
(Column 1) (Column 2) (Column 3)									•	
O REM	AIMS AINING FTER EDMENT	HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	AQQ) TIONAL FEE		RATE	ADOI- TIONAL FEE	
Total Construction	Miras	-	*		x \$e		OR	x & •		
Z AMD Total AMD Total AMD Profit Listop Profit Listop AMD	Minus	-	9		x s		OR	x s=		
RRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (D7 CFR 1.15(4))					+5 =		OR	+ 8 =		
					TOTAL ADD'L FEE		OR	ADD'L FEE		
" If the entry in column 1 is less than the entry in column 2, write "O' in column 3. "If the "Highest Number Productly Peld For IN THIS SPACE is less than 20, enter "20".										
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "J". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.										

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a barneti by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the bardward care. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burniers, should be sent to the Chief Information Officer, U.S. Petent and Tendemark Office, U.S. Department of Commerce, P.C. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you used assistance in completing the form, call 1-800-PTO-9199 and select option 2.